



ACCOUNTABILITY – ASSURE COST EFFECTIVENESS

ISSUE STATEMENT:

An accountability framework supports the Division's ability to set measurable goals and responsibilities, plan what needs to be done to achieve goals, do the work, monitor progress, report on results, evaluate results, provide feedback, and take corrective action. In the context of mental health and substance abuse services, accountability can be summarized as providing the right service for the right duration of time at a reasonable cost. Meeting these criteria guides the Division in being accountable to all of its constituencies, which includes Delaware citizens receiving services as well as State and federal funding sources. In summary, the Division must be able to document that its services work well for its clients in a way that makes the best use of the available funds.

Additionally, the Division must consider the cost of care. A key element in this area is balancing the increasing cost of medications with financial realities. To reconcile these two factors, the Division is redoubling its commitment to provide necessary medications in the most cost effective manner.

GOAL:

- ◆ Provide a wide-range of effective and comprehensive services at a reasonable cost

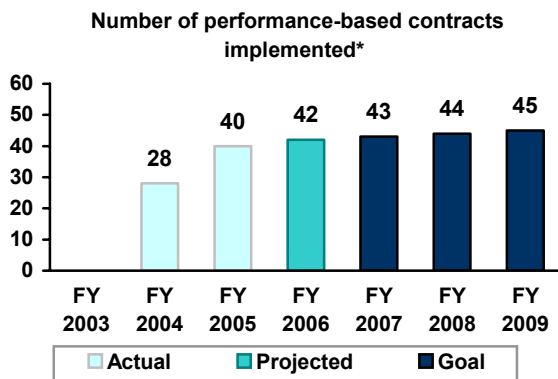
KEY OBJECTIVE:

- ◆ To increase by one each year the number of performance-based contracts implemented through FY 2009

STRATEGIC INITIATIVES / ACTIVITIES:

- ◆ Develop realistic measures with providers

PERFORMANCE MEASURES:



*2003 data not available

MONITORING / EVALUATION PLAN:

- ♦ Monitor new contracts with performance-based incentives

Program Manager: Harris Taylor, 255-9413

ACCOUNTABILITY – IMPROVE CLIENT PERCEPTION OF CARE

ISSUE STATEMENT:

An accountability framework supports the Division's ability to set measurable goals and responsibilities, plan what needs to be done to achieve goals, do the work, monitor progress, report on results, evaluate results, provide feedback, and take corrective action. In the context of mental health and substance abuse services, accountability can be summarized as providing the right service for the right duration of time at a reasonable cost. Meeting these criteria guides the Division in being accountable to all of its constituencies, which includes Delaware citizens receiving services as well as State and federal funding sources. In summary, the Division must be able to document that its services work well for its clients in a way that makes the best use of the available funds.

The Division's approach to accountability begins with its customers' perception of the care provided, e.g., their overall satisfaction with services, their perception of their involvement in treatment planning and staff sensitivity to cultural background, and their perception of improvement in dealing with both ordinary daily problems and crises.

GOAL:

- ◆ Improve consumer input regarding services received in the DSAMH system of care

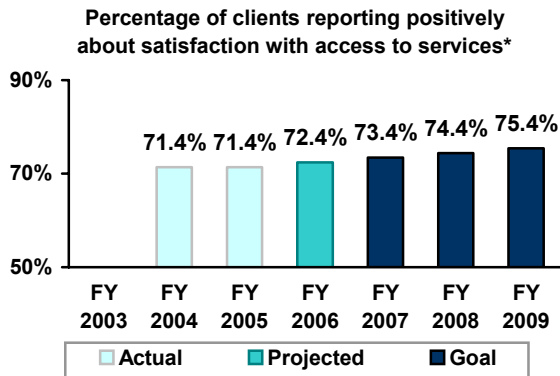
KEY OBJECTIVES:

- ◆ To increase by 1% per year the number of clients reporting positively about satisfaction with access to services each year (FY 2007 - FY 2009)
- ◆ To increase by 1% per year the number of clients reporting positively about satisfaction with participation in treatment planning (FY 2007 – FY 2009)
- ◆ To increase by 1% per year the number of clients reporting positively about satisfaction with treatment services programs (FY 2007-2009)

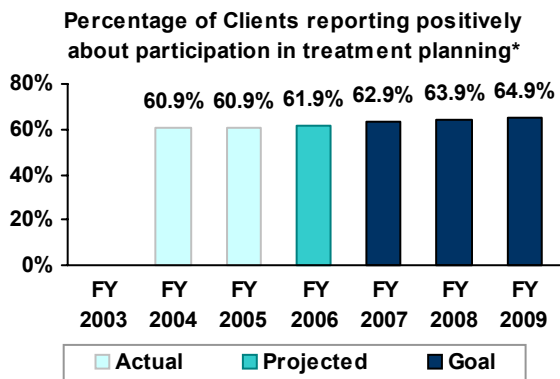
STRATEGIC INITIATIVES / ACTIVITIES:

- ◆ Promote the concept of consumers as “managing partners” in their care in all DSAMH-provided and contracted services
- ◆ Continue the Consumer/Client Satisfaction Survey (C/CSS) each year
- ◆ Provide training to DSAMH provider (State and contractual) staff in conjunction with the consumer services organization regarding consumer participation in treatment planning

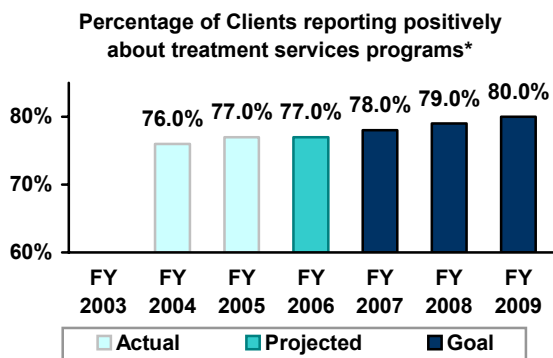
PERFORMANCE MEASURES:



* 2003 data not available



* 2003 data not available



* 2003 data not available

MONITORING / EVALUATION PLAN:

- ◆ Review of C/CSS survey results

Program Managers: Steve Dettwyler, 255-9432; Jack Kemp, 255-9433

ACCOUNTABILITY – PROMOTE AND ENHANCE THE USE OF DATA FOR MANAGEMENT AND CLINICAL PURPOSES

ISSUE STATEMENT:

An accountability framework supports the Division's ability to set measurable goals and responsibilities, plan what needs to be done to achieve goals, do the work, monitor progress, report on results, evaluate results, provide feedback, and take corrective action. In the context of mental health and substance abuse services, accountability can be summarized as providing the right service for the right duration of time at a reasonable cost. Meeting these criteria guides the Division in being accountable to all of its constituencies, which includes Delaware citizens receiving services as well as State and federal funding sources. In summary, the Division must be able to document that its services work well for its clients in a way that makes the best use of the available funds.

Another basis of accountability is the Division's commitment to national outcome measures. National outcome measures are important for two reasons. First, they are linked to continued federal funding, which impacts the Division's ability to provide services to Delaware citizens. Second, they embody measures that have been recognized as providing effective treatment.

GOALS:

- ◆ Increase capacity to report on National Outcome Measures (NOMS)
- ◆ Complete Clinical Care Information System (CCIS) for DSAMH

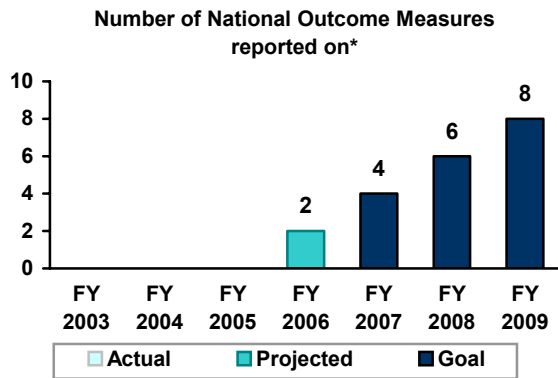
KEY OBJECTIVES:

- ◆ To introduce data for two National Outcome Measures (NOMS) captured by the Consumer Reporting Form (CRF) each year through FY 2009
- ◆ To bring 100% of the CCIS online by FY 2009

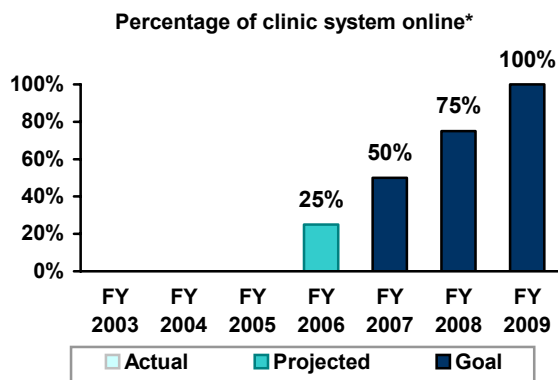
STRATEGIC INITIATIVES / ACTIVITIES:

- ◆ Identify who should participate in the process
- ◆ Conduct 2 planning meetings per year
- ◆ Write drafts for review each year
- ◆ Year 1 – define and collect data
- ◆ Year 2 – report on basic NOMS, if they are finalized
- ◆ Year 3 – report on developmental NOMS
- ◆ Establish benchmarks
- ◆ Establish priorities and capacity within the Planning Unit
- ◆ Develop budget and planning monitoring strategy
- ◆ Implement contracts as necessary

PERFORMANCE MEASURES:



**No data prior to 2006- new objective*



**No data prior to 2006- new objective*

MONITORING / EVALUATION PLAN:

- ◆ Review and monitor key benchmarks set
- ◆ Track progress against targets
- ◆ Establish benchmarks
- ◆ Review progress during bi-yearly planning meetings

Program Manager: Maurice Tippet, 255-9470

ACCOUNTABILITY – SUPPORT CONTINUOUS QUALITY INITIATIVES

ISSUE STATEMENT:

An accountability framework supports the Division's ability to set measurable goals and responsibilities, plan what needs to be done to achieve goals, do the work, monitor progress, report on results, evaluate results, provide feedback, and take corrective action. In the context of mental health and substance abuse services, accountability can be summarized as providing the right service for the right duration of time at a reasonable cost. Meeting these criteria guides the Division in being accountable to all of its constituencies, which includes Delaware citizens receiving services as well as State and federal funding sources. In summary, the Division must be able to document that its services work well for its clients in a way that makes the best use of the available funds.

DSAMH has chosen several strategies to monitor its services and continually improve both programs and client outcomes. JCAHO accreditation has been selected by the Division to provide a quality framework within which to establish quality indicators and monitor the Division's programs relative to these indicators. In addition, DSAMH makes use of its rule making functions to monitor the performance of its contractual providers and their performance-based services. Finally, the Division develops performance-based contracts to assist in the goal of continually improving services and the community system of care.

GOALS:

- ◆ Obtain Community Mental Health Clinics (CMHC) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation
- ◆ Maintain JCAHO accreditation for the Delaware Psychiatric Center
- ◆ Maintain CMS certification for the Delaware Psychiatric Center
- ◆ Maintain State licensure for the Delaware Psychiatric Center

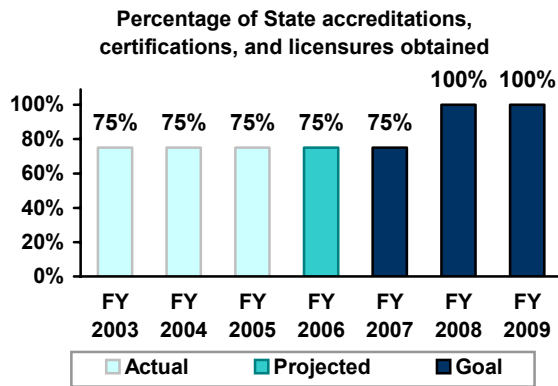
KEY OBJECTIVE:

- ◆ By FY 2008, to increase the number of accreditations, certifications, and licensures from 75% to 100%

STRATEGIC INITIATIVES / ACTIVITIES:

- ◆ Continue the Work Committees as established to prepare for accreditation
- ◆ Continue review of clinical services and ethics policies
- ◆ Coordinate with clinical services committee (CSC)
- ◆ Continue Committee revisions
- ◆ Establish Core Competencies
- ◆ Monthly policy reviews
- ◆ Review and track each incident of seclusion or restraint
- ◆ Conduct weekly environment of care rounds
- ◆ Maintain staffing grids

PERFORMANCE MEASURE:



MONITORING / EVALUATION PLAN:

- Receipt of CMHC JCAHO program accreditation in FY 2008

Program Manager: Steve Dettwyler, 255-9432

CAPACITY – CONTINUE TO REDUCE USE OF ACUTE INPATIENT CARE

ISSUE STATEMENT:

Capacity is a measure of an organization's ability to meet consumer needs. Service capacity is defined by more than just physical space or the number of staff hours; service capacity depends as much on the efficient and effective use of available resources as it does on the numerical count of those resources. In order to achieve this goal, the Division must acquire additional resources when necessary but also maximize the efficiency and effectiveness of its use of those resources.

A fundamental goal of DSAMH is the reduction in psychiatric hospitalizations in Delaware. DSAMH has developed a multi-pronged approach to this that involves an expansion and improvement of community-based treatment options. These options focus on early intervention and amelioration of crises to prevent escalation and subsequent hospitalization. DSAMH has increased the number of residential options in the community, expanded its crisis services to include the placement of crisis workers in several police barracks, and begun to increase the role of the community mental health clinics in crisis intervention and resolution.

GOALS:

- ◆ Reduce psychiatric hospitalizations
- ◆ Maintain community tenure

KEY OBJECTIVES:

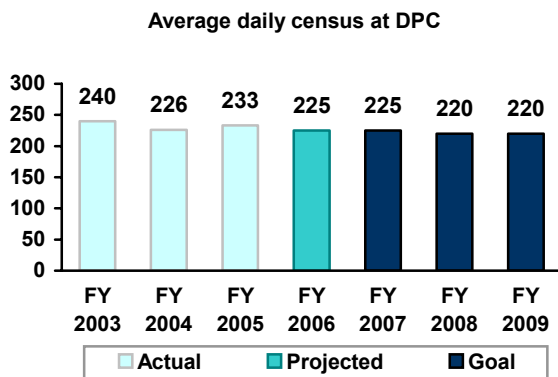
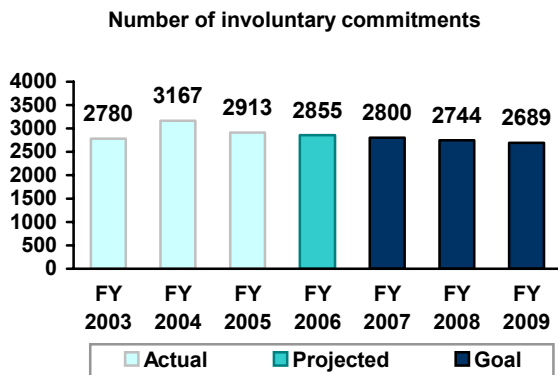
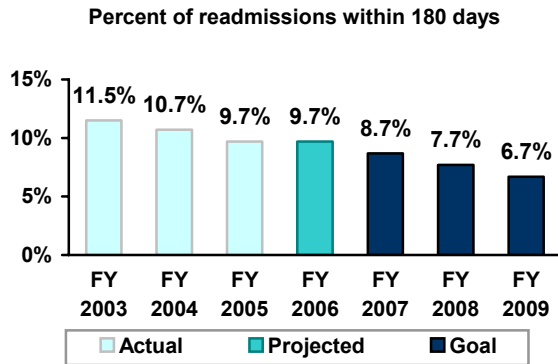
- ◆ To reduce the percentage of readmissions within 180 days to all DSAMH-funded inpatient programs by 1-3% each year from FY 2007 – FY 2009
- ◆ To reduce the number of involuntary inpatient admissions by 1% each year from FY 2007 – FY 2009
- ◆ To decrease the average daily census at the Delaware Psychiatric Center to 220 by FY 2009

STRATEGIC INITIATIVES / ACTIVITIES:

- ◆ Evaluate the annual Consumer Satisfaction Survey to determine changes in those measures that reflect consumers as managing partners
- ◆ Provide a variety of trainings to staff, contractor organizations and consumers that focus on recovery and the consumers' role in recovery
- ◆ Infuse, through a focused clinical supervision program in each of the CMHCs, the concept of recovery, consumer strength, focused treatment and outcomes
- ◆ Continue to strengthen the discharge planning process among all providers for individuals who are hospitalized
- ◆ Increase medication and treatment continuity between hospital and community providers through physician-to-physician contacts
- ◆ Continue the role of the DSAMH Crisis programs in evaluating individuals for in-patient services and seeking community alternatives
- ◆ Support the development of community-based crisis respite capability by integrating respite services into Staffed Apartment programs
- ◆ Continue efforts to change DE's involuntary admissions law

- ◆ Continue CAPES program at Christiana Hospital
- ◆ Continue to place mobile crisis staff in police barracks in Ellendale (Troop 3)
- ◆ Continue the High-End User Program at DPC and the collaboration with the community providers in this project
- ◆ Provide psychiatric evaluation, diagnosis, and treatment

PERFORMANCE MEASURES:



MONITORING / EVALUATION PLAN:

- ◆ Consumer status survey
- ◆ Admissions reports
- ◆ DPC census data

Program Managers: Steve Dettwyler, 255-9432; Martha Boston, 255-2710

CAPACITY- IMPROVE ACCESS TO COMMUNITY-BASED SERVICES

ISSUE STATEMENT:

Capacity is a measure of an organization's ability to meet consumer needs. Service capacity is defined by more than just physical space or the number of staff hours; service capacity depends as much on the efficient and effective use of available resources as it does on the numerical count of those resources. In order to achieve this goal, the Division must acquire additional resources when necessary but also maximize the efficiency and effectiveness of its use of those resources.

The ultimate goal of the Division's community-based mental health treatment system is to promote recovery, eliminate disabling symptoms and conditions, and enhance the quality of life for adults with psychiatric disabilities. This is accomplished by integrating treatment, rehabilitation, and support through multi-disciplinary teams that provide case management services at appropriate levels of intensity based on the consumer's stage of recovery. Providing access to employment services, affordable and safe housing, and education services may reinforce these goals.

GOAL:

- ◆ Provide high-quality services to consumers in a timely manner

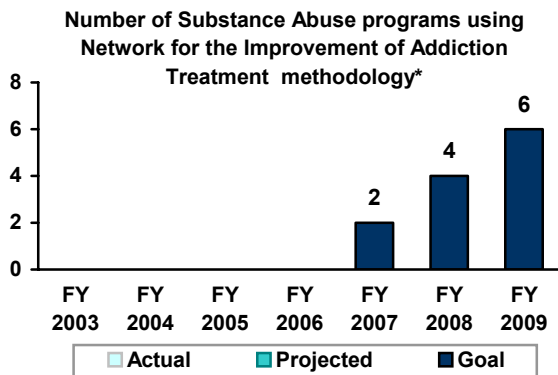
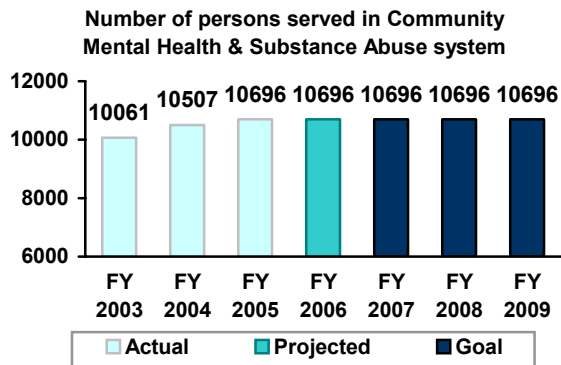
KEY OBJECTIVES:

- ◆ From 2007-2009, continue to serve at least 10,696 consumers at the current level of service for those with Serious and Persistent Mental Illness (SPMI) and for those with substance abuse disorders
- ◆ To increase the number of SA programs using Network for the Improvement of Addiction Treatment (NIATx) methodology by two each year from FY 2007 to FY 2009
- ◆ To maintain the current percentage of detoxification clients who received one or more other treatment services from FY 2007 to FY 2009

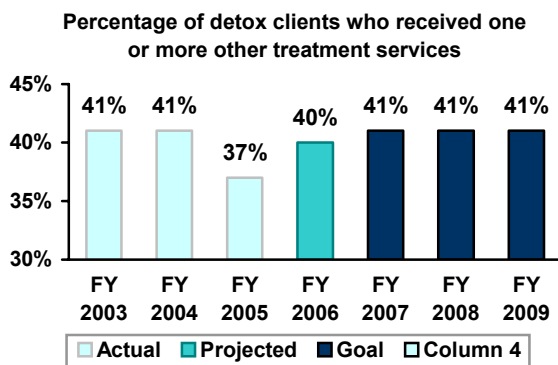
STRATEGIC INITIATIVES / ACTIVITIES:

- ◆ Seek or develop funding resources to continue serving consumers at the current level of service
- ◆ Expand the CAPES program to include 24-hour coverage, permitting the DSAMH crisis staff to facilitate access to services for individuals accessing the Wilmington Emergency Room
- ◆ Continue to expedite the Eligibility and Enrollment Unit (EEU) review for "carve out" services and meet the 3-day response time to individuals seeking these services
- ◆ Continue to seek federal and other funding opportunities to open a comprehensive women's/children residential substance abuse treatment program
- ◆ Work with the criminal justice system to obtain resources to expand assessment and treatment services for substance abusing offenders
- ◆ Seek ways to expand opioid treatment services to reduce wait times in all three counties
- ◆ Apply for appropriate federal grants to expand and enhance substance abuse treatment system and services

PERFORMANCE MEASURES:



**No data prior to 2007- new objective*



MONITORING / EVALUATION PLAN:

- ◆ Evaluate monthly billing statements and compare to resource levels
- ◆ Overall budget vs. capability analyses

Program Manager: Harris Taylor, 255-9413

- ◆ Case records, referral records

Program Manager: Jack Kemp, 255-9433

CAPACITY – IMPROVE ACCESS TO HOUSING

ISSUE STATEMENT:

Capacity is a measure of an organization's ability to meet consumer needs. Service capacity is defined by more than just physical space or the number of staff hours; service capacity depends as much on the efficient and effective use of available resources as it does on the numerical count of those resources. In order to achieve this goal, the Division must acquire additional resources when necessary but also maximize the efficiency and effectiveness of its use of those resources.

At the same time that the "front end" admissions have been reduced, the Division has worked to expand community residential options for individuals who are ready to transition into the community. Since the adoption of its Two-Year Olmstead Plan for the Development of Community Services for Persons with SMI and Substance Dependency, DSAMH opened five group homes and two supervised apartment programs, each serving eight individuals transitioning into the community from DPC. Most recently, the Division has received funding to open two additional supervised apartments. The result has been a 32% decline in the average daily inpatient census from approximately 330 in July 2001 to 233 in July 2005.

GOALS:

- ◆ Maintain the quality of affordable, stable housing for DSAMH consumers
- ◆ Increase the number of affordable, stable housing options for DSAMH consumers

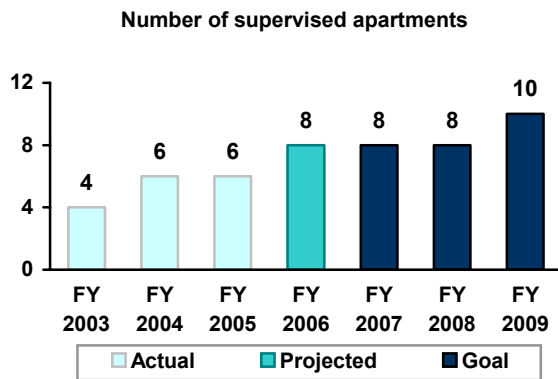
KEY OBJECTIVE:

- ◆ To increase the number of supervised apartment programs from 4 to 10 by FY 2009

STRATEGIC INITIATIVES / ACTIVITIES:

- ◆ Research possible sites for additional supervised apartments
- ◆ Research possible funding sources for additional supervised apartments
- ◆ Continue funding for supervised apartments

PERFORMANCE MEASURE:



MONITORING / EVALUATION PLAN:

- ◆ Site research reports
- ◆ Possible funding source reports and analyses

Program Manager: Steve Dettwyler, 255-9432

EFFECTIVENESS – DECREASE SYMPTOMATOLOGY

ISSUE STATEMENT:

The effectiveness of services is a reflection of how well the Division is meeting its public commitment to quality services. DSAMH has developed a number of approaches to assessing the effectiveness of its service delivery system regarding symptomatology.

Two primary goals of recovery oriented services and supports are the control and eradication of symptomatology among individuals with mental illness and substance disorders. The Division is dedicated in its program design, its psychopharmacology and its contract management to the management of those symptoms that undermine the recovery process. This dedication is reflected in DSAMH's support of evidence-based practices and its emphasis on community based care.

GOALS:

- ◆ Implement a consumer-friendly system of care to decrease symptomatology
- ◆ Continue to monitor psychopharmacology practices to achieve adherence to best practices

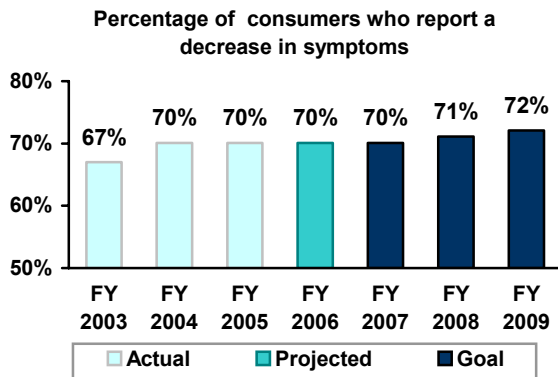
KEY OBJECTIVE:

- ◆ To increase by 2% the number of consumers who report that their symptoms have decreased on the Consumer Status Survey by FY 2009

STRATEGIC INITIATIVES / ACTIVITIES:

- ◆ Develop staff skills in Front Door principles to improve consumer evaluation and care procedures, to provide a more positive and effective consumer experience

PERFORMANCE MEASURE:



MONITORING / EVALUATION PLAN:

- ◆ Consumer Satisfaction Survey

Program Manager: Maurice Tippet, 255-9470

EFFECTIVENESS – IDENTIFY, SELECT, AND IMPLEMENT EVIDENCE-BASED PRACTICES

ISSUE STATEMENT:

It is the goal of DSAMH to provide quality mental health and substance abuse services. The effectiveness of services is a reflection of how well the Division is meeting its public commitment to quality services. DSAMH has developed a number of approaches to assessing the effectiveness of its service delivery system, which includes the use of evidence-based practices (EBPs).

New knowledge is a product not only of scientific research, but also of the experiences of providers in States, localities, and the private sector, as well as of professional and academic organizations, and consumers and their families. Once this research process is complete, successful innovations become evidence-based practices. Nationally recognized EBPs within the realm of mental health and substance abuse include: family psychosocial education, assertive community treatment (ACT), supported employment, integrated dual-diagnosis treatment, and illness management and recovery.

GOALS:

- ◆ Identify EBPs that could benefit the State's system of care
- ◆ Select appropriate EBPs to implement
- ◆ Implement EBPs in a timely, cost-effective, and efficient manner

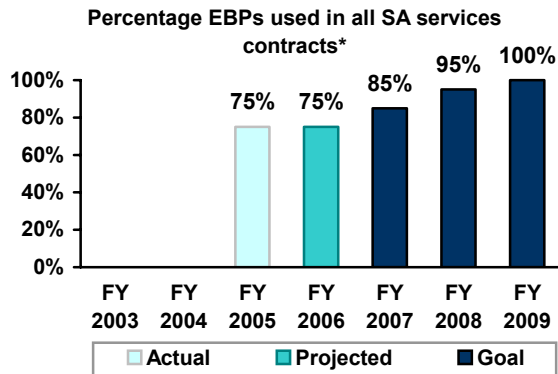
KEY OBJECTIVES:

- ◆ To require 100% use of evidence-based practices in all substance abuse treatment and prevention services contracts by FY 2009
- ◆ To require 100% use of evidence-based practices in all mental health services contracts by FY 2009
- ◆ To increase by 1% per year the number of clients in Community Continuum of Care Programs (CCCPs) receiving evidence-based practices during FY 2007 – FY 2009

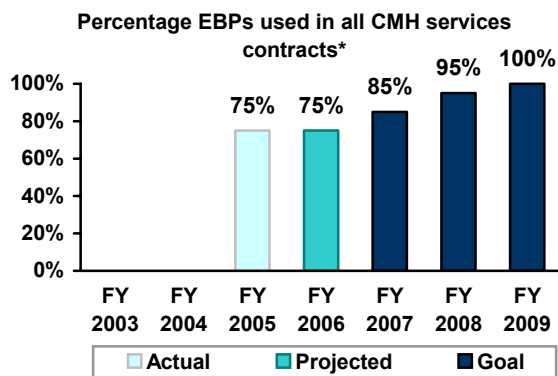
STRATEGIC INITIATIVES / ACTIVITIES:

- ◆ Continue to include language that requires the use of EBPs in SA outpatient/Day Treatment/IOP contracts
- ◆ Review the use of EBPs during program monitoring visits
- ◆ Continue to provide training opportunities both for core EBPs and promising practices
- ◆ Continue to "roll-out" the integration of evidence-based services for individuals with co-occurring mental illness and substance abuse diagnoses within all community-based programs.
- ◆ Develop an evaluative mechanism to monitor the outcomes of services for co-occurring disorders

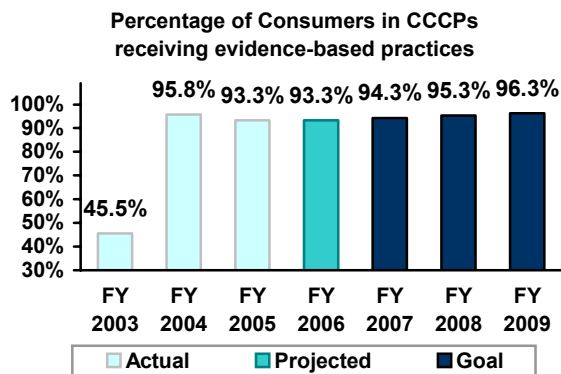
PERFORMANCE MEASURES:



**No data prior to 2005- new objective*



**No data prior to 2005- new objective*



MONITORING / EVALUATION PLAN:

- ◆ Regular contract monitoring

Program Manager: Harris Taylor, 255-9413

- ◆ URS tables (URS is the Uniform Reporting System, created by the Substance Abuse and Mental Health Services Administration (SAMHSA) to help the agency move toward increased accountability based on quantitative performance measurement. All of SAMHSA's National Outcome Measures (NOMS) are derived from the URS tables.)
- ◆ Consumer Satisfaction Survey

Program Manager: Steve Dettwyler, 255-9432

EFFECTIVENESS – SUPPORT EMPLOYMENT AND EMPLOYMENT RETENTION

ISSUE STATEMENT:

The effectiveness of services is a reflection of how well the Division is meeting its public commitment to quality services. DSAMH has developed a number of approaches to assessing the effectiveness of its service delivery system regarding employment services. Employment assistance has always been included as part of the continuous treatment team model. The CCCPs emphasize career development and employment as integral components of recovery and rehabilitation.

Activities may involve everything from helping the consumer identify vocational interests and set work goals in accordance with his/her skills and abilities, to going to the consumer's home on a daily basis and helping him/her prepare for work. Intensive training, job development and on-the-job assistance are intended to help consumers develop skills and assist them in obtaining and maintaining employment.

In addition to direct services, the Division continues to collaborate with other organizations and agencies in order to enhance employment options for adults with serious mental illness. This includes a long-standing partnership with the Department of Labor/Division of Vocational Rehabilitation (DVR) in projects such as Combined Agency Rehabilitation Enterprise (CARE), which provides ongoing vocational opportunities for adults with serious mental illness; the VISIONS supported employment project; and the integrated employment services initiative for homeless adults with multiple disabilities in New Castle and Sussex Counties.

GOALS:

- ◆ Improve employment rates in both substance abuse and mental health systems
- ◆ Support initiatives and funding sources to enlarge DSAMH's capacity to provide effective employment interventions

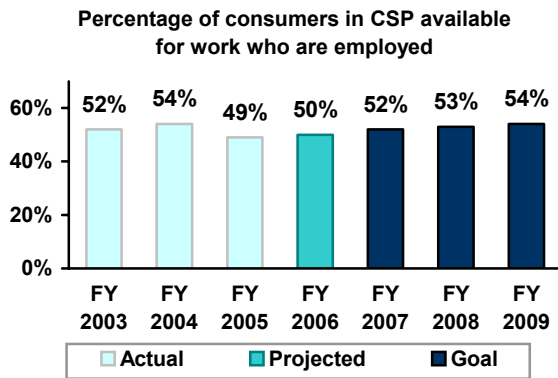
KEY OBJECTIVE:

- ◆ To increase the percentage of consumers in community support programs available for work who are employed by 1% each year from FY 2007 – FY 2009

STRATEGIC INITIATIVES / ACTIVITIES:

- ◆ In conjunction with concurrent recovery monitoring (CRM), work with providers to establish realistic targets for various levels of care
- ◆ Implement the Dartmouth University/Johnson and Johnson Supported Employment Grant Award
- ◆ Formulate plan to ensure the work started under the Dartmouth/J&J Grant can continue after the four-year funding commitment, using State funds

PERFORMANCE MEASURE:



MONITORING / EVALUATION PLAN:

- ◆ Develop monitoring plan with providers
- ◆ Quarterly program reports on status and progress

Program Manager: Steve Dettwyler, 255-9432